

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/56305-9

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2						
3			15			
4						
5						
6						
7						
8						
9						
10			1			
11						
12						
13						
14						
15						
16						
17			16			
18			16			
19			16			
20						
21						
22						
23						
24						
25						
26						
27						
28			1			
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47						
48						
49						
50						
TOTAL IND.			8			
TOTAL DEP.			65			
TOTAL CLAIMS			193			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						